



S #87-0280393
BLUE CROSS #17

WASATCH COUNTY HOSPITAL

55 SOUTH FIFTH EAST

HEBER CITY, UTAH 84032

PATIENT NO. 79-0306 -

(PLEASE CITE THIS NO. WITH YOUR PAYMENT.)

C Phys. Rec. ☐ Yes ☐ No

ADMISSION FORM

Pvt. Phys. George D. Pitts, M.D.

Name	Last	First	Middle	Age	Birthdate	Sex	Marital Status	Adm. Date	Time
STEELE,		Billie	Jo	33	12-7-46	F	M	3-19-79	10:00 am

Address	Street	City	State	Zip	Home Phone	Work Phone	Soc. Sec No.
160 West 3rd North,	Heber City,	Utah	84032		654-1548	No	

Brought in By	Manner Received	Complaint	Date & Type of Accident	Home <input type="checkbox"/>	On Job <input type="checkbox"/>	Auto <input type="checkbox"/>	Other <input type="checkbox"/>
Self		Term Pregnancy					

Guarantor Full Name	Address	Phone	ALLERGIES
Clifton L. Steele	Same	Same	NKA

Reference:	Address	Phone
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Id. / Liab. Carrier Name	Address	Phone	Clothing and Valuables
			With Pt. <input type="checkbox"/> Home <input type="checkbox"/> Checked <input type="checkbox"/>

Guarantor's Employer	Address	Phone	Medicare No.	Welfare No.	Cat	Co.
Self-Employed						

X-BX	ID #	Gr. #	Commercial Insurance	Address	Policy No. or other information
			Blue Cross-Blue Shield		

Discharged	Adm. Rm.	Deceased	Other Insurance Information	Address	Additional Ins. Info.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company:		

Final Diagnosis	Physician's Signature:
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NOTICE AND AUTHORIZATION FOR TREATMENT AND PAYMENT: I hereby authorize any medical, surgical and anesthetic procedure which the physician may consider necessary for the above named patient. I also assume financial responsibility to the hospital. Accounts not paid in 30 days will be charged a monthly FINANCE CHARGE of 1.5% (Min. charge 50c) which is an ANNUAL PERCENTAGE RATE OF 18%. In the event of default I agree to pay costs and reasonable attorney fee in any account balance after default is placed with an attorney for collection. This account to be paid in Heber, Utah.

Witness

Date

Signature of Responsible Party